

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

2012 APR 17 AM 7:43

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.IS THIS AN AMENDMENT? ☐ Yes ☒ No**COMMITTEE INFORMATION**1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

John Weingardt for Fishers Town Council

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 691-1615

4. Mailing Address (address where all campaign finance correspondence is received)

P.O. Box 597

☐ Check if this is a new address

5. City, State, ZIP Code

Fishers, Indiana 46038

6. Party Affiliation (if applicable)

Republican

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

John Weingardt

8. Party Affiliation or if Independent Candidate

Republican

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)

Fishers Town Council District 4

10. County of Residence

Hamilton

TYPE OF REPORT

11. Check one:

☒ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)**CONVENTION CANDIDATES ONLY**

Check one:

☐ Pre-Convention☐ Post-Convention

12. Reporting Period:

From: 1/1/2012

Through: 4/13/2012

COLUMN A
This PeriodCOLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

3,741.81

14. Cash on hand and investments January 1, current year.

3,741.81

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

2,585.65

2,585.65

15b. Unitemized

15c. Add lines 15a and 15b in both columns

SUBTOTAL

2,585.65

2,585.65

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

6,327.46

6,327.46

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

6,210.90

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

0.00

6,210.90

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

6,327.46

116.56

19. Debts OWED BY the committee (use Schedule D)

2,585.65

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

O THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Title

Treasurer/Candidate

Date

4/15/12

Date

It is to be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly
4-1-13) A person who fails to file a complete or accurate report as required by the Indiana
C 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

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Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)

CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 1

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|--|---|-----------------------------------|--|---------------------------------|
| 1. John W. Weingardt 10235 Woods Edge Drive Fishers, IN 46037 CPA Contributor's Occupation (if required) | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | \$2,585.65 | \$2,585.65 | 3/1/12 |
| 2. Contributor's Occupation (if required) | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| 3. Contributor's Occupation (if required) | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| 4. Contributor's Occupation (if required) | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| 5. Contributor's Occupation (if required) | Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE A | | \$ 2,585.65 | | |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet) | | \$ 2,585.65 | | |



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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 1

| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
|--|---|---|-----------------------------------|--|------------------------|
| Code <u>a</u> Harcourt Industries 7765 S 175 W Milroy, IN 46156 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$2,860.90 | \$2,860.90 | 1/4/12 |
| Code <u>a</u> Fishers Chamber of Commerce 11601 Municipal Drive Fishers, IN 46038 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$250.00 | \$250.00 | 01/21/12 |
| Code <u>c</u> Debbie Driskell for State Rep 111 Creekside Lane Fishers IN 46038 | State Rep District 37 | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$500.00 | \$500.00 | 2/11/12 |
| Code <u>c</u> Todd Huston for State Rep 12620 Duval Drive Fishers, In 46037 | State Rep District 37 | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$500.00 | \$500.00 | 02/08/12 |
| Code <u>a</u> Hamilton County Young Repub 7246 Fishers Crossing Fishers, IN 46038 | | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$100.00 | \$100.00 | 2/10/12 |
| Code <u>c</u> David McIntosh for Indiana P.O. Box 1314 Anderson, IN 46015 | House of Rep District 5 | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | \$2,000.00 | \$2,000.00 | 3/15/12 |
| Code _____ . | | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: | | | |
| SUBTOTAL THIS PAGE OF SCHEDULE B | | | \$6,210.90 | | |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet) | | | \$6,210.90 | | |



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(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

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| CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code) | ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | AMOUNT NATURE OF DEBT | DATE DEBT INCURRED | CUMULATIVE PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---|--|--------------------------|-----------------------|------------------------------------|---------------------------------------|
| John Weingardt 10235 Woods Edge Drive Fishers In 46037 LENDER'S OCCUPATION: | | \$2,585.65 | 3/1/12 | \$2,585.65 | \$2,585.65 |
| | | loan | | | |
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| LENDER'S OCCUPATION: | | | | | |
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| SUBTOTAL THIS PAGE OF SCHEDULE D | | | | | \$ 2,585.65 |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet) | | | | | \$ 2,585.65 |